

Indiana Clean Water Needs Survey

Small Community (Population < 3,500) Need

Return to:

Shelley Reynolds
Indiana Department of Environmental Management
Office of Water Management
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

The following information is being requested to complete the Clean Water Needs Survey 2000 Report to Congress.

This information will help to better represent the needs of smaller communities. Only communities with a population of < 3,500 may use this form. Information from the information page can be attached and changed if necessary.

(Please print or type)

Community _____

Mailing Address _____
(Do not use P.O. Box)

Form Completed by _____ Date _____

Title _____

Telephone Number _____

Population and Year of Source _____

To what extent is your community served by a publically owned sewer system?: _____

Needs (Description/Reason/Estimate/Documentation):

Description: Please describe any of the following needs (include appropriate information, with units, such as length of sewer, capacity of pump, etc.) Additional pages may be included if insufficient room.

Wastewater Treatment (including sludge hauling/disposal)
Infiltration/Inflow Correction
Replacement/Rehabilitation of Sewers
New Collector/Interceptor Sewers
Nonpoint Source Pollution Control
Ground Water Protection
Other

Reason: Please note the reason for the need:

Public health problem _____ Water quality problem _____

What will be the benefit of this project?

Cost Information (Please provide costs for each of the needs listed above. If no cost information is available, please note.)

Need:

Cost:

Supplemental Information: Please attach information to document need. For example, for unsewered communities, any of the following types of information could be submitted (the more the better): signed statement from the health department on health hazards and/or documentation of septic tank failure, water quality problem, and/or violations of safe drinking water standards. Include date and source of information in the space below.

Need: As local official, I hereby certify that the community has the clean water needs described on this form.

Name: _____ Date

Title:

Signature:

Please have an engineer or engineer circuit rider sign below.

Cost: I hereby certify to the best of my knowledge that the cost to the community's clean water needs (as described on this form) are accurate.

Name: _____ Date _____

Title: _____

Signature: _____

Note to State: If the second signature is not complete, cost curves will be used.)

Qualified State Project Staff (Signature): _____ Date: _____

CWNS Survey Coordinator (Signature): _____ Date: _____